

# **HOUSEHOLD GOODS APPLICATION PROCESS**

## **Step 1:Filling out the Application**

- A. Fill out application completely.
- B. Make sure all areas are signed.
- C. Application must be notarized at appropriate places.
- D. If incorporated, attach Articles of Incorporation.

## **Step 2:Application is assigned a Docket Number.**

- A. Applicant will receive confirmation letter including the Docket Number.
- B. Confirmation letter will explain attorney requirements.

## **Step 3:Notice of Filing**

- A. Applicant will receive cover letter and Notice of Filing document to be published in newspaper(s) of general coverage.
- B. Notice of Filing document will include a "return date" which signifies the deadline for parties to intervene as a party of record.
- C. Applicant **MUST** provide the Commission with the Original Publishers' Affidavits by the return date specified in the cover letter.

## **Step 4:Witness and/or Attorney Information**

- A. Applicant or Attorney **MUST** advise the Commission of the number of witnesses to be presented at the hearing and the amount of time needed for presentation of testimony, either in writing or verbally.
- B. Hearing dates **will not** be set without the above information.

## **Step 5:Notice of Hearing**

- A. Notice of Hearing document including the date, time and place of hearing is mailed to all parties of record.

## **Step 6:Hearing Requirements (R. 103-133)**

- A. Applicant and/or witnesses must prove that the carrier is Fit, Willing and Able to provide the services applied for.
- B. Applicant must prove that the Public Convenience and Necessity is not already being served in the territory by existing authorized service.
  - 1. The Public Convenience and Necessity criterion **MUST** be shown by the use of shipper witnesses. (Hearing **WILL NOT** be held without Shipper Witnesses.)
  - 2. Shipper Witness testimony should, at a minimum, support the area to be served.

## **Step 7:Commission Action**

- A. Docket is put on the Commission Agenda for action.
  - 1. If denied, another application may not be made until at least 6 months have elapsed since the date of the denial.
  - 2. If approved, Applicant has 60 days from the date of the Order to file proof of liability and cargo insurance, rates and obtain a satisfactory safety rating, which is performed by State Transport Police.
  - 3. After 60 days, extension of time to comply must be requested in writing.

## **Step 8:Issuance of Certificate**

- A. After filing of insurance, rates and safety information, the Certificate of Public Convenience and Necessity is issued.

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211**

CLASS   E (HHG)  

DATE \_\_\_\_\_, 20\_\_\_\_

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

\_\_\_\_\_

2. (a) Street Address of Applicant \_\_\_\_\_

\_\_\_\_\_

- (b) Mailing address, if different from street address \_\_\_\_\_

\_\_\_\_\_

- (c) Telephone Number \_\_\_\_\_ SS No. \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".  
(b) Class F – Contracts are included herewith.
6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith.
7. The proposed list of equipment is as per Exhibit "D" included herewith.
8. Applicant proposes to operate service applied for as follows: (Check one)  
(a) Intrastate Only \_\_\_\_\_ (b) Interstate Only \_\_\_\_\_

9. Applicant is financially able to furnish the services as specified in this Application, and submits the following statement of assets and liabilities.

**ASSETS:**

Cash	_____
Real Estates and Buildings	_____
Accounts and Notes Receivable	_____
Power Equipment (Net of Depreciation)	_____
Garage & Office Equipment (Net of Depreciation)	_____
Other Assets	_____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

**LIABILITIES:**

Accounts and Notes Payable	_____
Rents and Leases payable	_____
Mortgages Payable	_____
Debt on Power Equipment	_____
Other Liabilities	_____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
<b>NET WORTH</b>	<b>\$ _____</b>

10. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

**STATE OF SOUTH CAROLINA,** ]  
 ]  
COUNTY OF \_\_\_\_\_ ]

I, \_\_\_\_\_,  
(Name of Applicant's Representative) (Title)

of \_\_\_\_\_, the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

At \_\_\_\_\_ ]

This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ ]

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Signature of Applicant's Representative)

My Commission Expires:\_\_\_\_\_.

CLASS E  
EXHIBIT A

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

**POST OFFICE DRAWER 11649  
COLUMBIA, SC 29211**

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**(APPLICANT)**

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**(ADDRESS)**

**Proposed Rates and Charges for Service**

**And Rules and Regulations Governing Same Are As Follows:**

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

**Post Office Drawer 11649  
Columbia, South Carolina 29211**

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(Name)

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(Address)

**Over Irregular Routes:**

**Commodities to be Transported and Area to be Served:**

**Household Goods, As Defined in R. 103-210(1):**

**Between Points and Places in South Carolina.**

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**Certified Correct**

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(Applicant)

**Date:** \_\_\_\_\_

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**By**

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**Title**

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

## DESCRIPTION OF EQUIPMENT

[illegible]

## **INSURANCE QUOTE**

The following insurance quote is for:

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(Name of Motor Carrier)

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(Address of Motor Carrier)

### **Amount of Premium:**

Liability Insurance \_\_\_\_\_

Cargo Insurance \_\_\_\_\_

The above quoted premiums are for a term of \_\_\_\_\_ months.

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(Insurance Company Name)

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(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

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Date

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(Authorized Insurance Company Representative)

## **EXHIBIT FWA**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**U.S.D.O.T. No.** \_\_\_\_\_ **ICC No.** \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?  
  
Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?  
  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are there currently any outstanding judgement(s) against Applicant?  
  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "yes", indicate nature of judgement(s).
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?  
  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?  
  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

\_\_\_\_\_  
(Applicant's Signature)

Sworn to before me

At \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

Commission Expires: \_\_\_\_\_